PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/548,087			ing Date 20/2006	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	_	N/A		N/A		N/A	1 LL (0)	i	N/A	TLE (0)
П	SEARCH FEE	or (c))	N/A		N/A		N/A		1	N/A	
H	(37 CFR 1.16(k), (i), (EXAMINATION FE		N/A		N/A		N/A		ł	N/A	
	(37 CFR 1.16(o), (p), TAL CLAIMS	or (q))					x \$ =		OR	x s =	
	CFR 1.16(i)) EPENDENT CLAIM	s	minus 20 = *				x s =			x s =	<b>-</b>
(37	CFR 1.16(h))	If the	If the specification and dra		rowings exceed 100		A # -		ı	^ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 s		on size fee due ) for each on thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))									1		
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								1	TOTAL	
APPLICATION AS AMENDED – PART II           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR									OTHER THAN SMALL ENTITY		
AMENDMENT	01/19/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.160))	• 14	Minus	<del></del> 20	= 0	1	x \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 2	Minus	<b></b> 3	= 0	1	x \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))										
^	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,160))		Minus		:	1	x \$ =		OR	x s =	
Σ	Independent (37 CFR 1,16(h))		Minus	***		]	x \$ =		OR	x s =	
Ш	Application Size Fee (37 CFR 1.16(s))					]			]		
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
" If the entry in column 1 is less than the entry in column 2, write '0' in column 3.  " If the "Highest Number Previously Paid For I'N THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For I'N THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For I'N THIS SPACE is less than 10, enter 1"3".											

This collection of information is orquired by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is life (and by the USFTO to process) an application Confidentiality is operand by 38 US 6.2 22 and 37 CFR 1.4. 1 this collection is estimated to the 12 minutes to complete, encuding pathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.